



**Bellevue Parks &
Community Services**

Spring 2014 Volleyball League

LEAGUE INFORMATION:

- **10** matches total, one match per week.
- Sunday evenings.
- Gyms at Bellevue Community College, Tye Community Gym, and South Bellevue Community Center.
- Format: 6-on-6, **Co-Rec** (any combination of men &/or women, women not required).
- Self-Officiated. **Required:** Teams to provide 2 players to officiate assigned matches.
- USAV rules with house modifications – see league rules: http://bellevuewa.gov/pdf/parks/2012_vb_rules.pdf

LEAGUES OFFERED:

- **AA** – Highly competitive. Spiking and blocking continually; experienced players/teams; sophisticated and aggressive defense.
- **A** - Skilled teams with full knowledge of the game.
 - **A Upper** - Very competitive
 - **A Lower** - Competitive.
- **B** – Recreation level play emphasizing skill growth. Not for beginners.
- **Notes**
 - The league administrator reserves the right to place teams into any division deemed necessary for league play.
 - New teams are recommended to sign up for the B League.
 - Teams automatically move up after winning their league.
 - Individuals can be placed on the Interested Players List. Contact Shirley Louie at (425)452-4479, slouie@bellevuewa.gov.

IMPORTANT DATES:

- **Fri Feb 21, 2014** - Registration opens for Bellevue residents & returning teams.
- **Fri Feb 28, 2014** - Registration open for everyone.
- **Fri Mar 14, 2014 4:30 pm** - Registration & Payment Deadline
- **April 6 – July 3, 2014** - League Play

COSTS:

- League Fee: **\$375** per team
Nonrefundable if requested less than 3 weeks prior to start of league play. \$10 administrative fee if refund granted.
- Non-resident Fee: **\$10** each player **not residing** in Bellevue (zip codes 98004-98008)

REGISTRATION REQUIREMENTS:

- Registration Form
- Team Roster **with residence addresses**
(Online Registration: roster due 3rd week of games along with final changes)
- Full League Fee.
(Company Sponsorship: credit card number required – will be charged if sponsorship check is not received by the 1st game)
- Non-Resident Fees, if applicable

PAYMENT OPTIONS:

- Cash, Checks, Visa, and MasterCard accepted.

REGISTRATION OPTIONS:

- Online Registration <http://parksreg.bellevuewa.gov>
- Drop-Off Location: Bellevue City Hall
Service First Desk
450 110th Ave NE
Bellevue, WA 98004
- Mailing Address: Shirley Louie
Bellevue Parks/Enterprise Division
PO Box 90012
Bellevue, WA 98009-9012
- E-mail Address: slouie@bellevuewa.gov
- Fax: (425) 452-7221 Attn: Shirley Louie

FOR MORE INFORMATION:

Bellevue Parks & Community Services:

- League Coordinator: Shirley Louie - (425) 452-4479, slouie@bellevuewa.gov
- League Administrator: Jon Wilson – (425) 452-4278, jwilson@bellevuewa.gov

City of Bellevue websites:

- http://bellevuewa.gov/parks_adult_sports_leagues.htm
 - <http://parksreg.bellevuewa.gov>
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Team Registration Form

Fall [] Winter [] Spring [✓]

Year [2014]

Team Name:	Sponsor (if applicable):
Manager's Name:	Phone: (cell) (day) (evening)
Street Address:	Fax:
City, State, Zip:	Email Address:
League Preference: <input type="checkbox"/> AA <input type="checkbox"/> A Upper <input type="checkbox"/> A Lower <input type="checkbox"/> B <input type="checkbox"/> Womens – use Women's VB League forms	Payment Enclosed (check all that apply): _____ \$375 Team League Fee <i>Nonrefundable if requested less than 3 weeks prior to start of league play. \$10 administrative fee if refund granted.</i> _____ Non-Resident Fees, if applicable (\$10 each) _____ Total Enclosed
Type of Payment: <input type="checkbox"/> Cash (Do not send in mail) <input type="checkbox"/> Check or money order (payable to "City of Bellevue") <input type="checkbox"/> Company Sponsor Check – credit card# required – will be charged if sponsorship check not received by 1 st game. <input type="checkbox"/> Charge Card (check type): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Account #:	Expiration Date:
Is your team new to Bellevue Volleyball League? _	
If it is, how did you find out about our league?	
If not, what season did your team play in last?	
Season:	Year: Former team name:

[illegible]



Bellevue Parks &
Community Services

Spring 2014 Volleyball League Roster

WAIVER OF LIABILITY/RELEASE

I, the undersigned participant on TEAM: _____, have voluntarily agreed to participate in Bellevue Parks and Community Services Fall[] Winter[] Spring[☒] Year[2014] Adult Volleyball League. I agree to adhere to the rules and regulations established by Bellevue Parks and Community Services.

In consideration of being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume any and all risks, including risk of injury or death, associated with my use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me by the City of Bellevue or its agents for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. If you wish to waive the photo release, please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

By signing the signature line below, I acknowledge that I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above.

Player's signature is required before playing.

Printed Name	Phone(s)	Residence Address	City	Zip	Resident?	Signature	Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							